mulation of blood in the relaxed abdominal blood-vessels. Retching is nature's method of flooding the brain, and vomiting and nausea are merely incidental, not essential. An abundance of nutritive material is necessary. One should eat about seven times daily, and the sicker the patient the oftener he must eat and the less at a time. When seasick the easily-digested fluids are best, such as ale, porter, stout, broths, soups, and meat extracts, the desires of the patient being considered. Food should always be taken at least ten minutes before arising in the morning, and when the patient is ill food should be taken without raising the head. The worst case of retching will be easily made comfortable in at least thirty minutes, by lying down without a pillow, closing the eyes and taking a pint of stout in six doses at five-minute intervals. Another food is made by mixing the yolks of two raw eggs with an equal amount of brandy and giving a teaspoonful at ten-minute intervals. The best time to take any beverage or food is just after a paroxysm of retching. Should it be taken before and thrown up, then take another dose immediately afterward and that will stay down. Severe headaches may be controlled by bromide of sodium in thirty-grain doses, to be repeated in one hour. JELLIFFE.

HEREDITARY EPILEPSY FOR FIFTY YEARS' DURATION CURED BY AN ATTACK OF HEMIPLEGIA.

Brunet relates the following case in the *Archives de Neurol*, 1900 (LX), March, p. 224.: Patient a female, born in 1812. Entered Charitè as insane in 1857; father was an epileptic in the same asylum. First convulsion occurred when seven years of age and after scarlatina. In the observation period she had convulsions every week or fortnight, followed by delirium. In 1857 she suffered an incomplete left hemiplegia. During the next three years her convulsions gradually diminished, and from 1860 to 1877 she had no attacks; in 1877 she died of apoplexy. In 1871-1872 she was very carefully watched by both day and night for the seizures. Her mental state improved at this time, dating from cessation of attacks. CLARK.

THERMO-ELECTRIC STUDIES ON THE EPILEPTIC BRAIN.

Mirto, of Palermo (*Annali di nevrologia*, 1900, fasc. VI, XVII) has studied the case of an epileptic boy aged 15, who sustained a fall in early infancy from which resulted a breach in the skull. This was covered with hairy scalp through which the pulsations of the brain could be seen. The seat was the posterior portion of the left parietal region. The case appeared to be one of typical epilepsy. Experiments were made upon this patient with the thermo-electric battery somewhat after the manner of Mosso in his experiments on the temperature of the brain. During an epileptic paroxysm the cerebral temperature was elevated. A diagram of the curve is given and the deviation is seen to be 2 mm., which is equal to 1-5 of a degree. JELLIFFE.

GEFAHREN DER LUMBALPUNCTION; PLÖTZLICHE TODESFÄLLE DANACH (Dangers of Lumbar Puncture; Sudden Death Following). F. Gumprecht (Deutsche med. Wochenschrift, No. 24, 1890, p. 386).

One of the dangers of lumbar puncture is the breaking of the needle while it is still inserted in the patient. Gumprecht has collected the reports of fifteen cases of sudden death following lumbar puncture, and adds two cases of his own. It cannot be asserted that the lumbar puncture was the cause of death in all these cases, but the evidence shows that death was probably caused by the puncture. Most of the fatal terminations were in cases of cerebral tumor, and the danger is greater when the tumor is in the posterior cranial fossa. The fatal cases are usually those in which there are symptoms of increased cerebral pressure before the puncture—vomiting, headache, anomalies of the pulse, and choked disc. The death may follow the lumbar puncture within a few minutes or may be delayed, and usually occurs from failure of respiration. Artificial respiration should be resorted to, and trepanation might be advisable, as the pressure of the cerebral fluid may be much greater than that of the spinal from the occlusion of the communicating passages. SPILLER.

MECHANICAL MUSKELERREGBARKEIT UND SEHNENREFLEXE BEI TABES DORSALIS (Mechanical Muscular Irritability and Tendon Reflexes in Tabes Dorsalis). Frenkel (Deutsche Zeitschrift für Nervenheilkunde, Vol. 17, Nos. 3 and 4, p. 277).

Frenkel says that the tendon reflexes in the upper extremities are almost always lost in tabes, and the absence of these reflexes may be one of the earliest signs of the disease. Abnormal excitability of the muscles to mechanical irritation is the rule in tabes, and the highest degree of this is found almost exclusively in the upper limbs, and especially in the preataxic stage of the disease. Abnormal muscular irritability was not found by Frenkel in cases with preserved or exaggerated tendon reflexes, but when these reflexes were lost the mechanical excitability of the muscle substance was increased, so that the cutting off of some unknown reflex irritation would seem to cause an abnormal irritability of the muscle. SPILLER.

ALCOOL ET LA MORTE (Alcohol and the Death Rates). Chl. Fernet. (Bull. de l'Acad. de Med., May 14, 1900.)

Although the use of alcohol is an important factor in regard to the prognosis of disease, it seldom figures as the cause of death. Yet it is the direct cause of death in the accidents of drunkenness, such as injuries, exposure to cold, etc., or when excessive drinking results in a fatal acute gastritis, gastro-enteritis, hepatitis, or pneumonia. It is a direct but more remote cause when it produces the ultimately fatal chronic conditions of arteriosclerosis, cirrhosis of the liver, interstitial nephritis, inflammation of the stomach and intestines, cardiopathies and meningo-encephalitis. By including delirium tremens, or from having lessened the recuperative power of the body, it is an indirect cause of death through rendering more fatal such acute infections as pneumonia, influenza, erysipelas, etc., and certain traumatic lesions. More indirectly still does it cause death by reducing the resisting power, and rendering the body more susceptible to infection, or by non-viable or mal-developed infants. JELLIFFE.

THE THYROID GLAND AND THE MENOPAUSE. C. R. Burr (Boston Med. and Surg. Jour., Dec. 21, 1899, p. 624).

The writer reports the case of a woman, fifty-six years of age, who had an apoplectic stroke nearly a year and a half after her menses had ceased, in which she lost power of speech and the use of her right side. Since the menopause she had had the numerous nervous symptoms